



SPRING SOCCER

Registration Form

APRIL 23 – JUNE 4, 2018

Mondays: 5:15PM – 6:30PM | Cost: \$40

Parent/Guardian Name: _____

Participants Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Please read the following and sign:

I agree to the unreserved use of my name and/or likeness (including photographs, videotape, and other depictions) for publicizing Fitchburg Parks and Recreation Department Programs, In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I the undersigned, by the signing hereunder waive irrevocably all liability against said coach and the city of Fitchburg, For myself and my child/ward, and agree to provide medical and dental care for such child in case of injury. I further agree that such coach may without further permission take whatever steps he/she deems necessary in case of injury including obtaining emergency medical or dental care through the Fitchburg Emergency Medical Service.

Parent/Guardian Signature _____ Date _____

This is not a school-sponsored activity and the Madison Metropolitan School District does not approve, support, supervise or endorse this program/activity.